

Name in Full *Mary Kathryn Booker*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

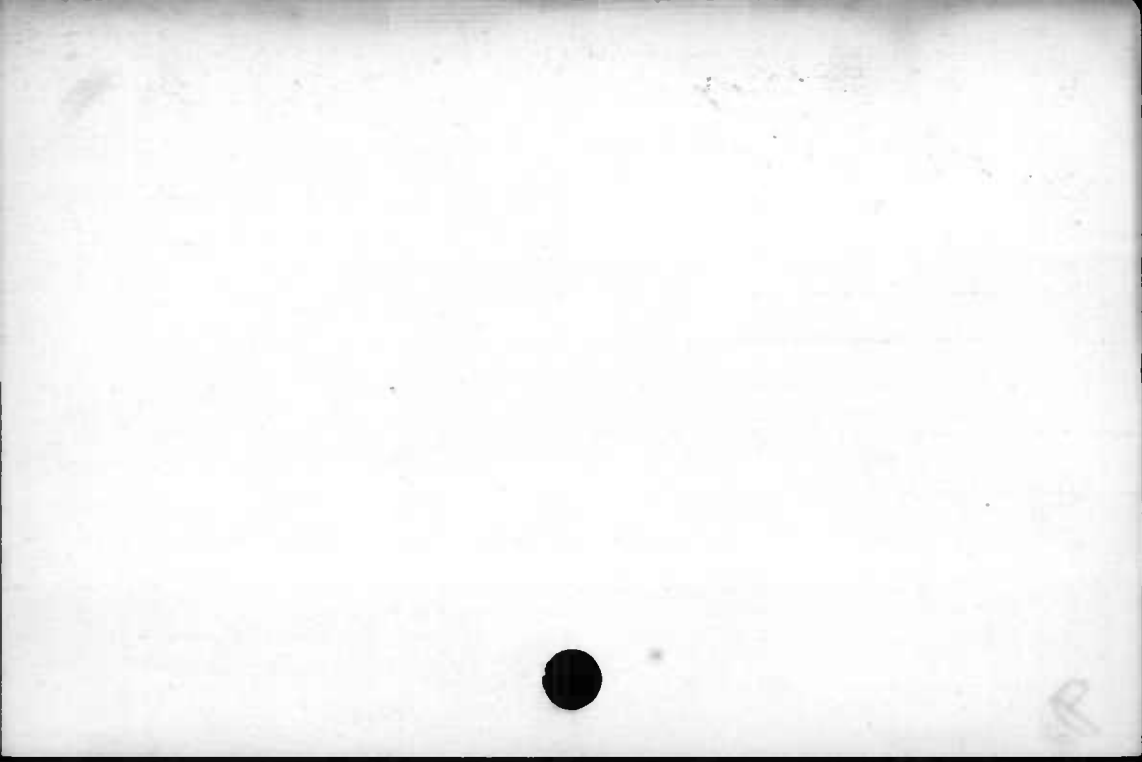
MARYLAND

Died at <i>Chesapeake City</i> ^{Town}		<i>Accie</i> ^{County}			
Date of death <i>1906</i>	Month <i>11</i>	Day <i>30</i>	Age <i>37</i>	Years <i>37</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Chesapeake City</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed		Name of Wife Husband <i>Charles Booker</i>			
Father's Name <i>Michael Berger</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Kathryn C. Shrier</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Kathryn C. Berger</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>3 days</i>
Immediate <i>Convulsion</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Karsner M.D.</i>
	Address <i>Chesapeake City Md</i>
Accident or Suicide?	



Name
in
Full

Frances Eliza Brown

The Out-

CERTIFICATE OF DEATH

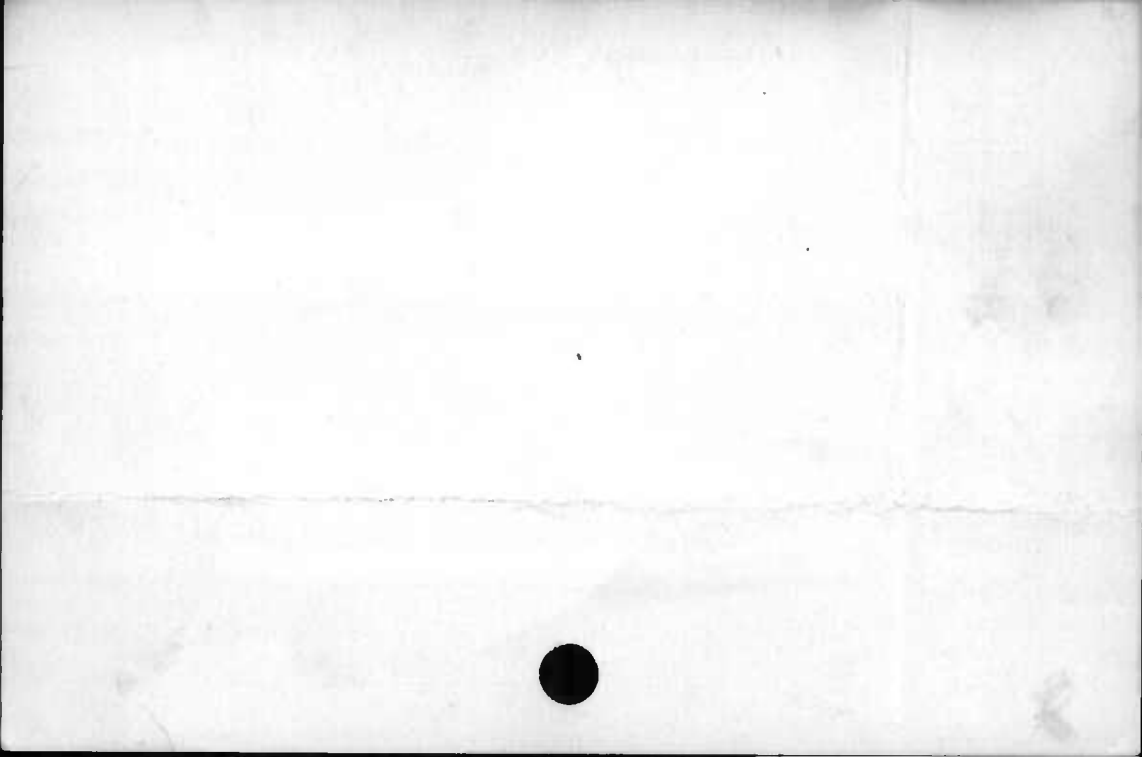
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Valley</i>		Town <i>Bevil</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Nov</i>	Day <i>19</i>	Age <i>38</i>	Years	Months <i>3</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Bevil</i>				
Occupation <i>House keeper</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elmer E. Brown</i>						
Father's Name <i>Job S. Brown</i>	Father's Birthplace <i>Sanicaster Co.</i>						
Mother's Maiden Name <i>Annabel Buckley</i>	Mother's Birthplace <i>Bevil</i>						
Name of person giving information <i>Elmer E. Brown</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Phthisis Pulmonalis</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Groves Md</i>
Accidental or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

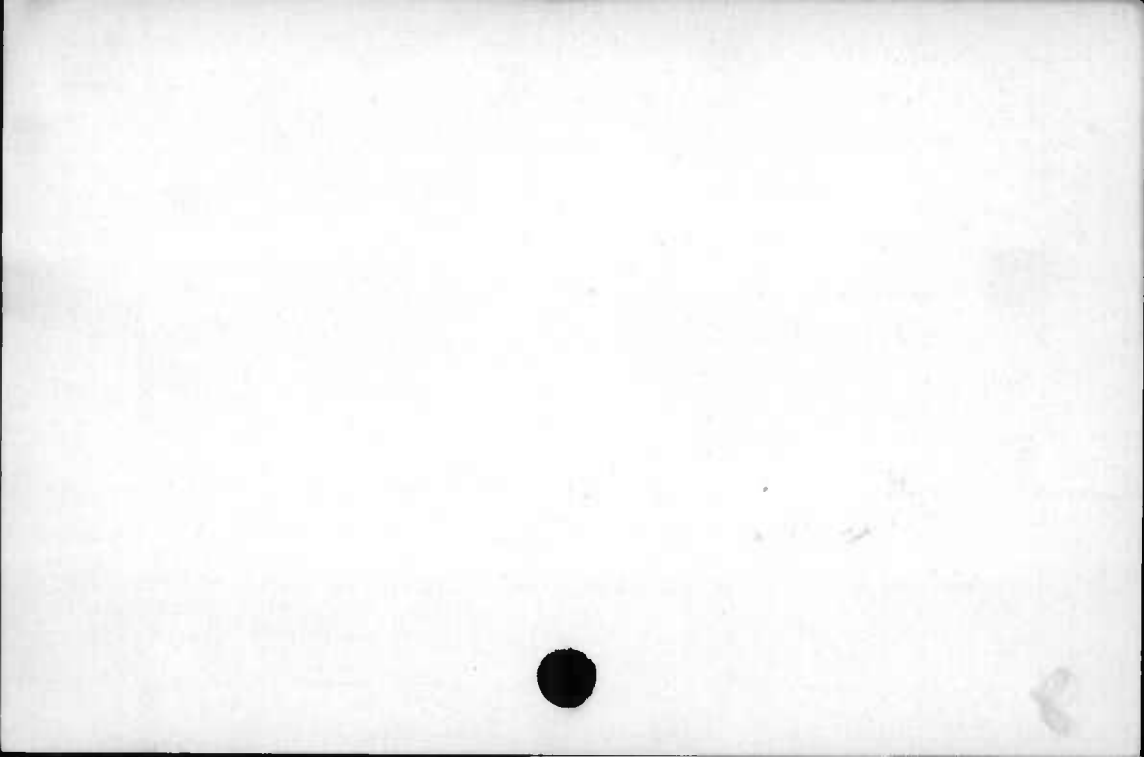
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jacob L. Butchenhart		Town Port Deposit		County Cecil		MARYLAND	
Died at Port Deposit		Month Nov		Day 9		Years 68	
Date of death 1906		Month Nov		Day 9		Months 7	
Sex Male		Color or Race White		Birthplace Philadelphia Pa		Days 	
Occupation Carpenter				Where Residing if not at place of death 			
Married, Single or Widowed Married		Name of Wife or Husband Hannah E Butchenhart					
Father's Name 				Father's Birthplace Germany			
Mother's Maiden Name 				Mother's Birthplace "			
Name of person giving information Hannah E Butchenhart				How related to deceased Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Hamorrhage	How long 3 years
Immediate Stroke & Embolism	How long 4 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W E Clement
	Address Port Deposit Md
Accident or Suicide? 	



Name
in
Full

Geo M Clark

CERTIFICATE OF DEATH

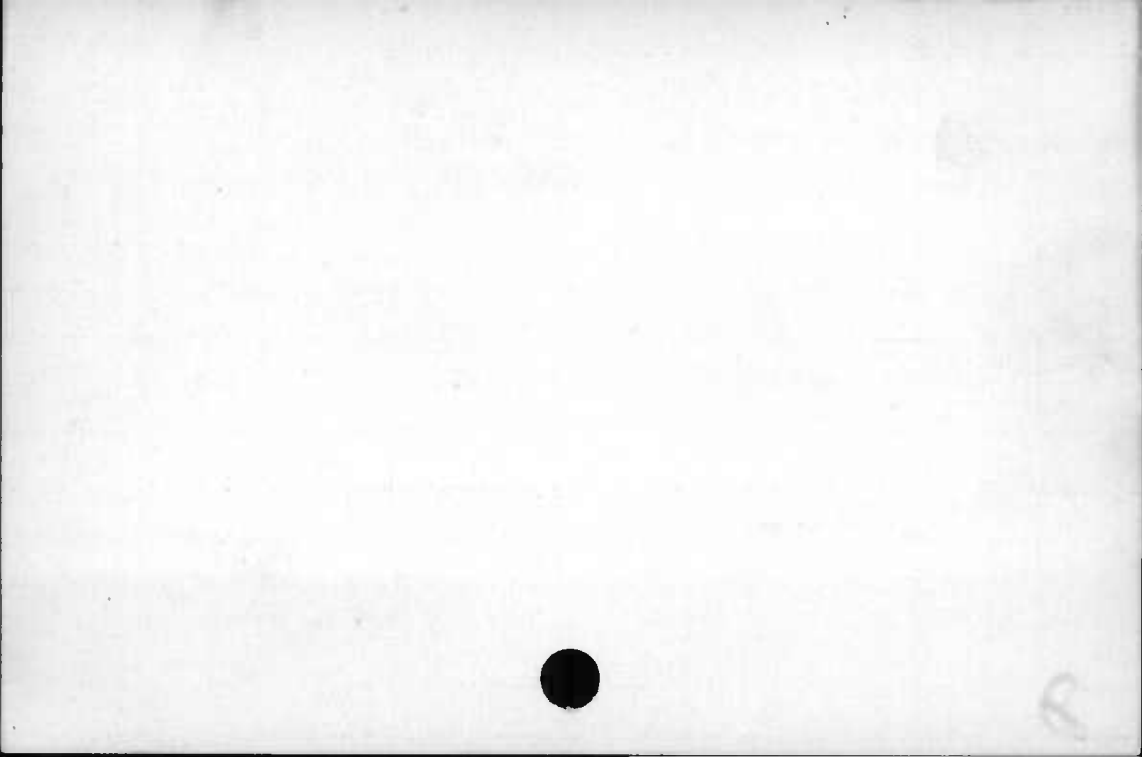
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Beecil</u> ^{County}		• MARYLAND	
Date of death	190 <u>6</u> ^{Month} <u>Nov</u> ^{Day} <u>30</u>	Age	<u>Unknown</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	
Occupation	<u>Farmer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>—</u>			Father's Birthplace	<u>—</u>
Mother's Maiden Name	<u>—</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>116</u>			How related to deceased	<u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Peritonitis with ascites</u>	How long	<u>8 months</u>
Immediate	<u>seen suddenly</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. Horace Jenkins</u>
		Address	<u>Elkton Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jerome Cunningham

Died at *Near Elktion* ^{Town} *Cecil* ^{County}

DATE of death *1904* ^{Month} *Nov* ^{Day} *27* ^{Age} *21* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Pa*

Occupation *Farm hand* Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband

Father's Name *John Cunningham* Father's Birthplace

Mother's Maiden Name *Margaret Brubaker* Mother's Birthplace

Name of person giving information *Walter Cunningham* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *93*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Wm D Cawley*

Address *Elktion Md.*

Accident or Suicide?

Elektron
Cochran

Name In Full		Jane Anna Remington Erring.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Charleston		County Cecil		
		Date of death		1906	Month	November	Day	1st
		Age		76	Years	Months	2	Days
		Sex		Female		Color or Race		White
		Occupation				Birth-place		Rocklandville,
						Where Residing if not at place of death		Charleston
		Married, Single or Widowed		Single		Name of Wife or Husband		
		Father's Name		Patrick Erring		Father's Birthplace		Rocklandville Md
		Mother's Maiden Name		Isabella Evans		Mother's Birthplace		Pennsylvania
		Name of person giving information		Josephine B. Carroll.		How related to deceased		Niece
PHYSICIAN OR CORONER		CAUSES OF DEATH						
		Primary		General debility		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
				B. Remington		M. Err		
		Accident or Suicide?						

Wed 1 - Nottingham

Name
in
Full

Michael Keracuzzo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Piquette^{County} Cecil

Date of death 1906

^{Month} Nov.^{Day} 16^{Years} Age 50 ?^{Months}^{Days}

Sex male

Color or Race

white

Birth-place

Italy

Occupation

Laborer

Where Residing if not at place of death

Married, Single or Widowed

married

Name of Wife or Husband

Maria Keracuzzo

Father's Name

✓

Father's Birthplace

Mother's Maiden Name

✓

Mother's Birthplace

Name of person giving information

Nicola Keracuzzo

How related to deceased

son

CAUSES OF DEATH

Primary

Killed by Engine on P.B. & M. Rail Road

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

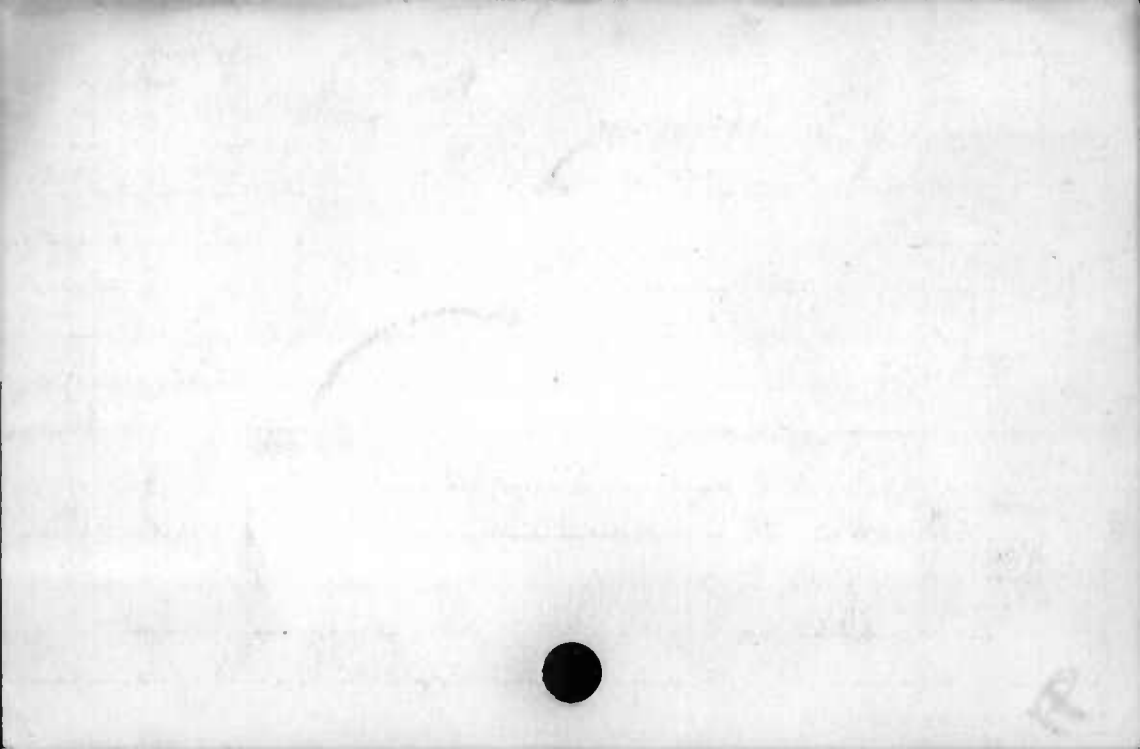
Address

Pickella Nelson
Coroner of Cecil Co
Celtor, Md

Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Gervin</i>		Town <i>Alnshouse</i>		County <i>Leecil</i>		MARYLAND	
Died at <i>Alnshouse</i>		Month <i>Nov.</i>		Day <i>11</i>		Age <i>62</i>	
Date of death <i>1906</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Alnshouse</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr. Known</i>		Father's Birthplace					
Mother's Maiden Name <i>Mr. Known</i>		Mother's Birthplace					
Name of person giving information <i>John Ination</i>		How related to deceased <i>No related.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial insufficiency</i>	How long <i>Known from Oct. 9, 1906</i>
Immediate <i>"</i>	How long <i>One month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. Miller</i>
	Address <i>North East, Ind.</i>
Accident or Suicide?	

Phiph Bridge

Name
in
Full

Wesley Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms house</i> <small>Town</small>		<i>Secie</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	Nov.	Day	15
Age		61		Months	
Sex	Male	Color or Race	Col.	Birth-place	Ind.
Occupation	Laborer		Where Residing if not at place of death <i>Alms house</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	Do not know.		
Father's Name	No known			Father's Birthplace	
Mother's Maiden Name	No known			Mother's Birthplace	
Name of person giving information	John Mahoney			How related to deceased	Not related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Initial Insufficiency of heart</i>	How long	2 years
Immediate	<i>Broken Compensation</i>	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	<i>Chas. F. Miller</i>
		Address	<i>North East, Ind.</i>
Accident or Suicide?			

~~Pipit Bridge~~
Elk Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Port Deposit* *Sevier* County
 Date of death *1906 Nov. 13* Age *66* Months Days

Sex Color or Race *white* Birth-place *Mass.*

Occupation *Stonecutter* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *Martha H. Jones.*

Father's Name *Samuel Jones* Father's Birthplace *Mass.*

Mother's Maiden Name *Martha Hawley* Mother's Birthplace *Mass.*

Name of person giving information *Lucy A. Jones.* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Valvular heart disease* How long *2 yrs*

Immediate *Heart failure*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J. S. Browne
Port Deposit

Accident or Suicide? *no*



11

Name
is
Full

Raymond J. Johnson

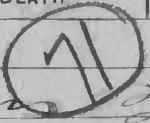
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1906	Month	November	Day	24	Age	6
Sex	Male		Color or Race	Colored		Birthplace	<i>Elk Neck</i>
Occupation				Where Residing if not at place of death		<i>Elk Neck</i>	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	<i>William J. Johnson</i>				Father's Birthplace	<i>Elk Neck</i>	
Mother's Maiden Name	<i>Gilly B. Stratton</i>				Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>Gilly B. Johnson</i>				How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	<i>24 hours</i>
Immediate		How long	
<i>Convulsion</i>		Signature of Physician <i>B. H. Hunsley</i>	
Are the name, age, sex, color, date and place correctly given above?		Address <i>N. E. H.</i>	
Accident or Suicide?			

Elk Mountain

Name
in
Full

Chas G Kelly 3 Dist

CERTIFICATE OF DEATH

Died at *Alms House* Town *Cecil* County

MARYLAND

Date of death *1906* Month *Nov* Day *18* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *William Kelly* Father's Birthplace *Ireland*

Mother's Maiden Name *Mrs Rittenhouse* Mother's Birthplace

Name of person giving information *Mrs Rittenhouse* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Bright's Disease (chronic)* How long *3 years*

Immediate *Mitral Insufficiency with broken compensation.* How long *2 years*

Are the name, age, sex, color, date and place correctly given above?

Yes. Signature of Physician *Chas. J. Miller*

Address *North East, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

991



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	10	64			
Sex	Color or Race	Birth-place					
Male	White	Maryland					
Occupation	Where Residing if not at place of death						
Farmer							
Married, Single or Widowed	Name of Wife or Husband						
Married							
Father's Name	Father's Birthplace						
Richard B. Keithley	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Mary Jones	Maryland						
Name of person giving information	How related to deceased						
Jamie Keithley	Brother						

CAUSES OF DEATH

Primary

Immediate

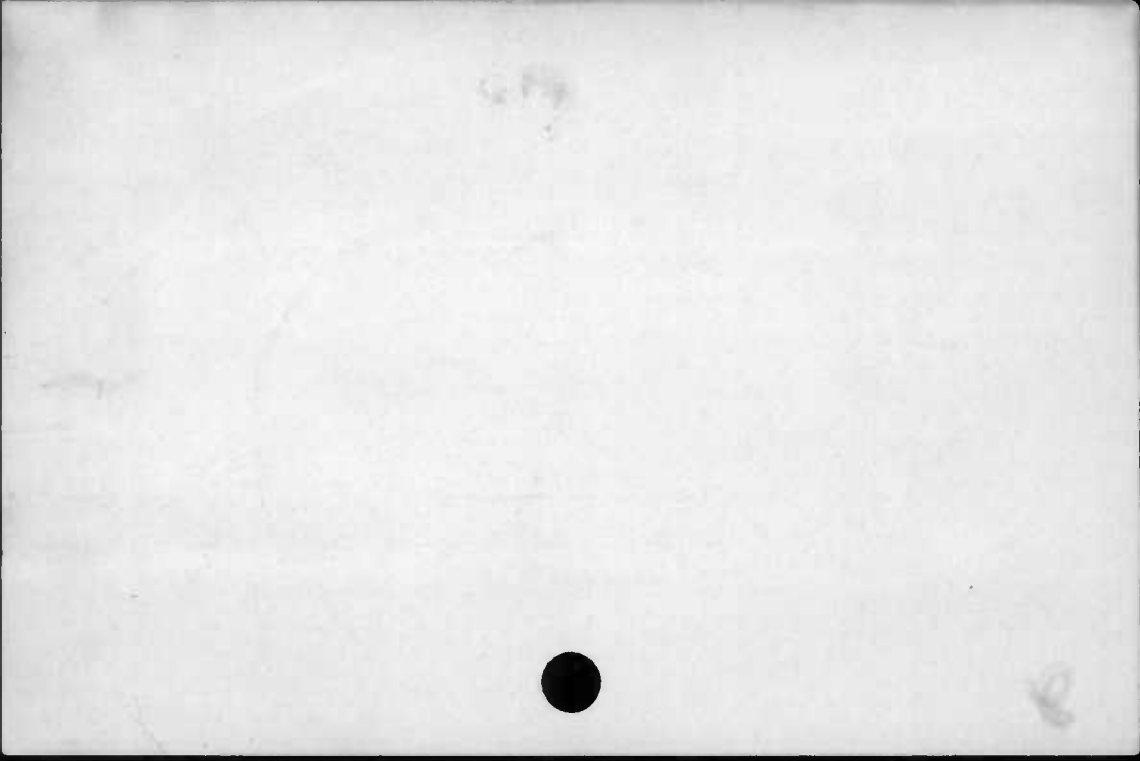
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Nov</u>	Day <u>24</u>	Years <u>17</u>	Months <u> </u> Days <u> </u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Lamy</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Fizzie Wendall</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Meningitis</u>	How long <u>2 wks</u>
Immediate <u>Pyemia</u>	How long <u>18 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Anton Mitchell MD</u>
	Address <u>Elkton Ind.</u>

Accident? — S. —

291

Name
in
Full

CERTIFICATE OF DEATH

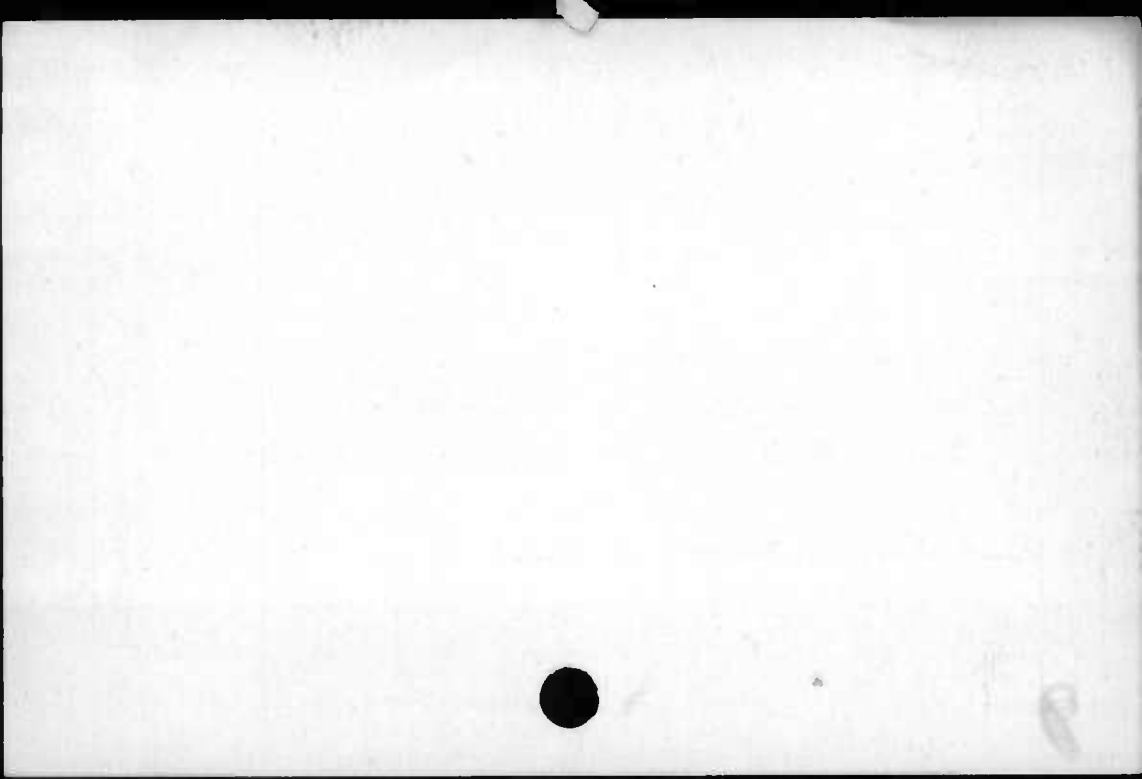
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit</i>		<i>Cecil</i>		MARYLAND	
Date of death	1906	Month	Nov	Day	16
Age	54	Years	11	Months	
Sex	Male	Color or Race	White	Birth-place	Philadelphia Pa
Occupation	Carriage Dealer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E Lamm		
Father's Name	John Lamm			Father's Birthplace	Germany
Mother's Maiden Name	Caroline Weaver			Mother's Birthplace	Phila Pa
Name of person giving information	Mary E Lamm			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Amputation of Limb</i>	How long	<i>One year</i>
Immediate	<i>Hæmorrhage</i>	How long	<i>Five hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. H. Fisher</i>
		Address	<i>Port-Deposit Maryland</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Thomas Albit Linton

CERTIFICATE OF DEATH

MARYLAND

Died at *Stoodlam* TownCounty *Cecil*Date of death *1906*Month *Nov.*Day *10th*

Age

Years *4*Months *4*Days *25*Sex *male*

Color or Race

white

Birth-place

Cecil Co. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Joseph B. Linton

Father's Birthplace

Cecil Co. Md

Mother's Maiden Name

Mary F. Brown

Mother's Birthplace

Cecil Co. Md

Name of person giving information

Mary F. Linton

How related to deceased

Mother

CAUSES OF DEATH

Primary

Pistol shot wound in head by the hand of Oscar

How long

Immediate

Hugh Linton

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

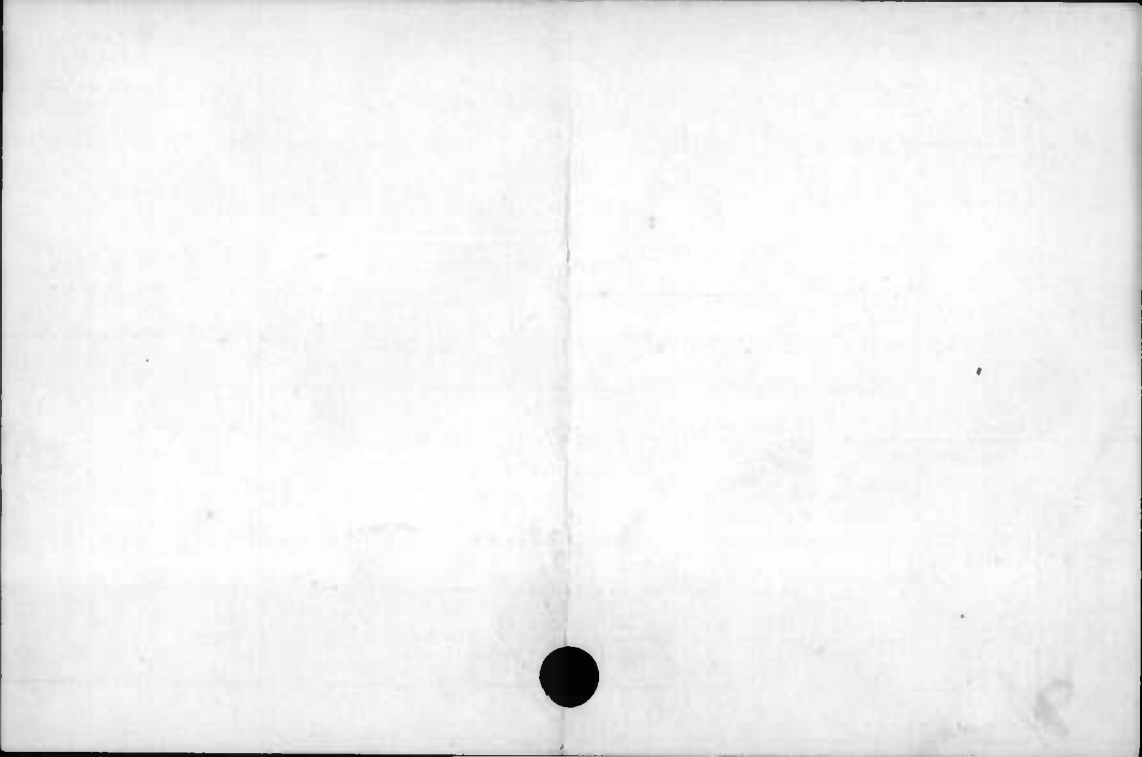
Rickette Nelson

Address

*Coroner of Cecil Co.
Elkton, Maryland*

Accident or Suicide?

Accident



Name
in
Full

Alexander Magill

CERTIFICATE OF DEATH

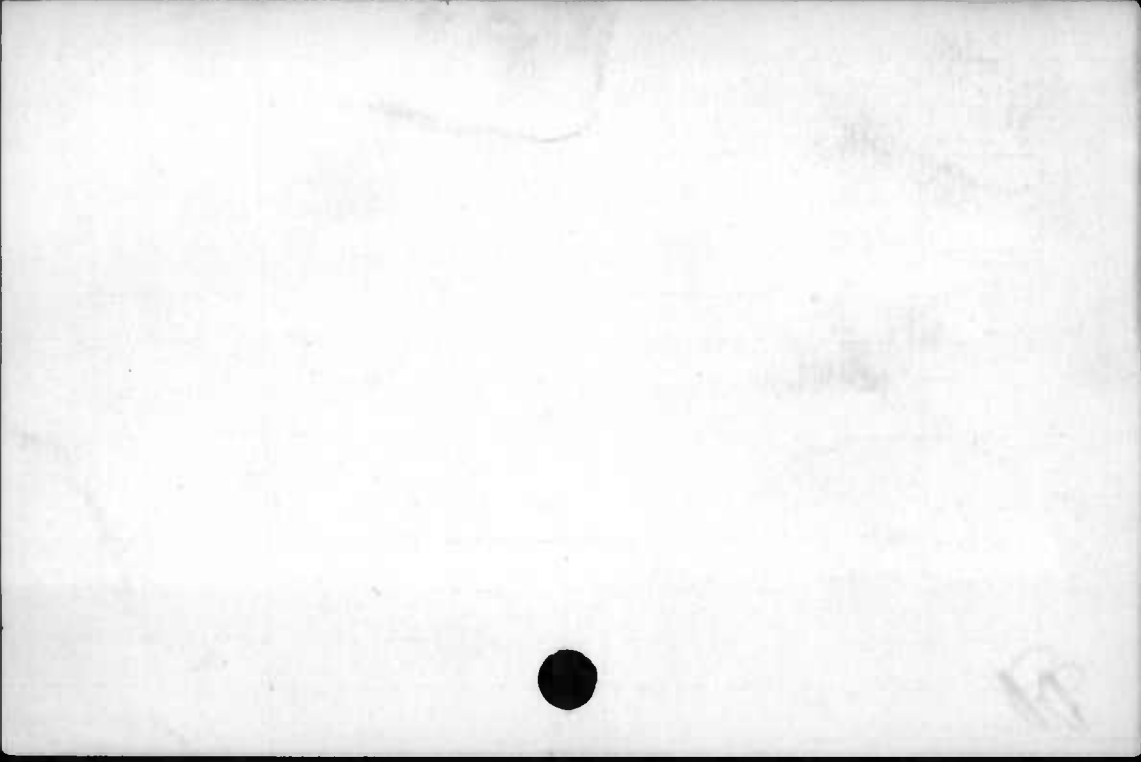
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	1	72			
Sex		Color or Race		Birth- place			
Male		White		Ireland			
Occupation				Where Residing if not at place of death			
Labourer							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Wm Magill		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Susanna Mee		" "					
Name of person giving In formation		How related to deceased					
Mary Magill		Sister-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valv Disease of heart</i>	How long	<i>4 or 5 yrs</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. J. Brown</i>	
		Address	
		<i>Port Deposit</i>	
Accident or Suicide?			



Name In Full		Hannah Morgan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Elkhills		County Beech		MARYLAND
	Date of death	1906	Month	11	Day	27	Age
					Years	74	Months
					Days		
	Sex	Female		Color or Race	White		Birth-place
	Occupations		—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name							Father's Birthplace
Mother's Maiden Name							Mother's Birthplace
Name of person giving information							How related to deceased
<div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin-left: 10px;">1725</div> </div>							
PHYSICIAN OR CORONER	Primary	Nephritis (Chronic)				How long	4 months
	Immediate	Dilated Heart				How long	6 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	75				Address		
	—				Cherry Hill		
Accident or Suicide?				4m5			

Cherry Hill

Name
in
Full

Catherine Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

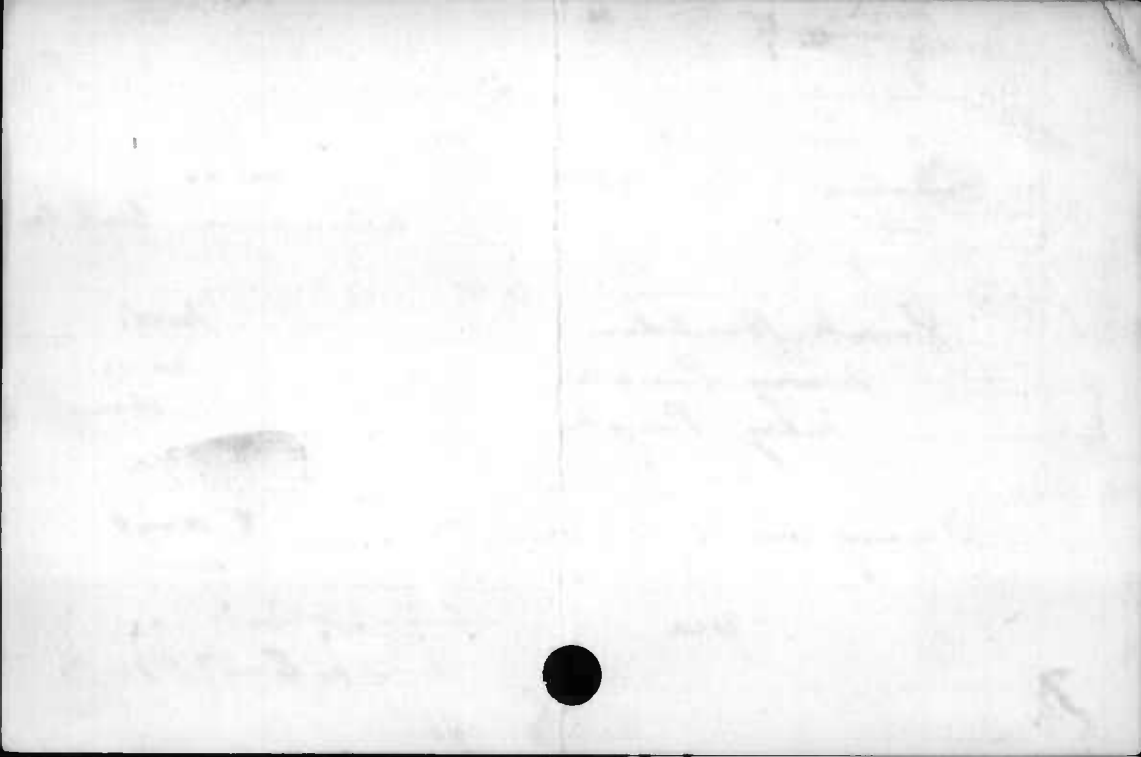
Died at <u>Colona</u> Town		<u>Cecil</u> County		MARYLAND	
Date of death	<u>1906</u>	Month <u>Nov</u>	Day <u>1</u>	Age <u>68</u>	Months <u>6</u> Days <u>26</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth place <u>York Co Pa</u>		
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband <u>John T. Pierce</u>				
Father's Name <u>John Shank</u>	Father's Birthplace <u>York Co Pa</u>		Mother's Birthplace <u>York Co Pa</u>		
Mother's Maiden Name	Name of person giving information <u>Wm J Pierce</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary <u>Drainage</u>	How long <u>5 yrs.</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. [Signature]</u>
	Address <u>Rising Sun</u>
Accident or Suicide?	<u>Medic</u>



Name
in
Full

Mary Ellen Pugh

CERTIFICATE OF DEATH

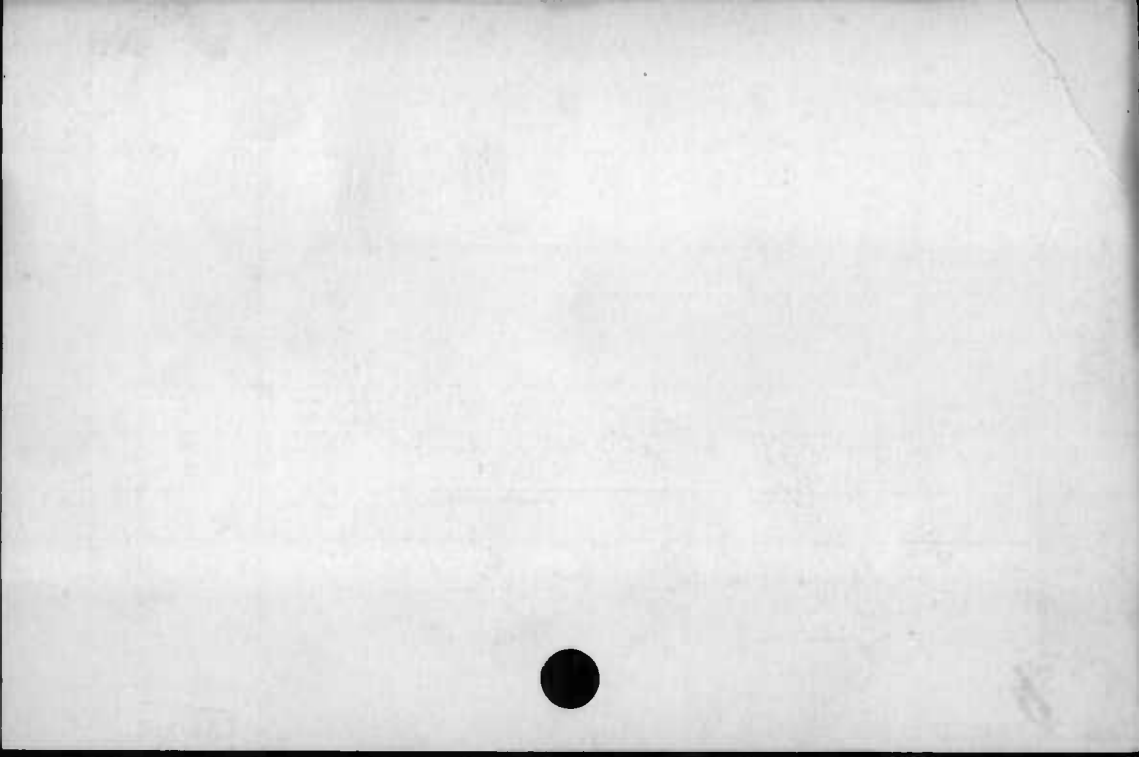
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Alms house</u>		County <u>hmd.</u>		MARYLAND	
Date of death	1904	Month <u>Nov.</u>	Day <u>30</u>	Age <u>8 days.</u>	<u>Months</u> <u>Days</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u> </u>			Where Residing if not at place of death <u>Alms house Baltimore</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Frank Bouloden</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Mary Pugh</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>Mary Pugh</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Injury due to Birth</u>	How long	<u>8 days</u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chas. J. Miller.</u>	
Accident or Suicide?		Address <u>North East, Ind.</u>	



Name
In
Full

CERTIFICATE OF DEATH

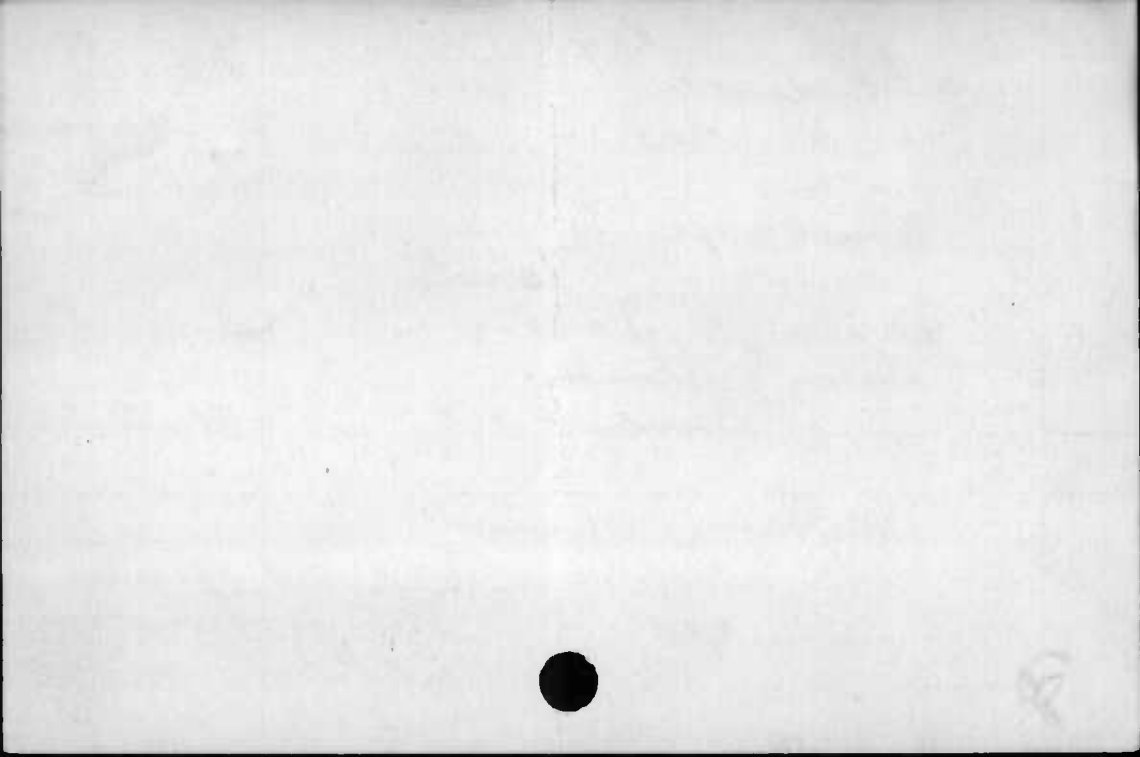
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Charles H Rice</i>		Town <i>Bras Earleville</i>		County <i>Cecil</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>11</i>		Day <i>17</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Age <i>18</i>		Years <i>18</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death		Birth-place <i>Cecil Co. Md.</i>		Months <i>—</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Charles Rice</i>		Father's Birthplace <i>Cecil Co.</i>	
Mother's Maiden Name <i>Ella Pinner</i>		Name of person giving information <i>Robert Bailey</i>		Mother's Birthplace <i>Cecil Co</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pulmonary Tbc</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Wm Black</i>
Address <i>Beechton Md</i>	
Accident or Suicide?	



Name
In
Full

Mary E Riley

CERTIFICATE OF DEATH

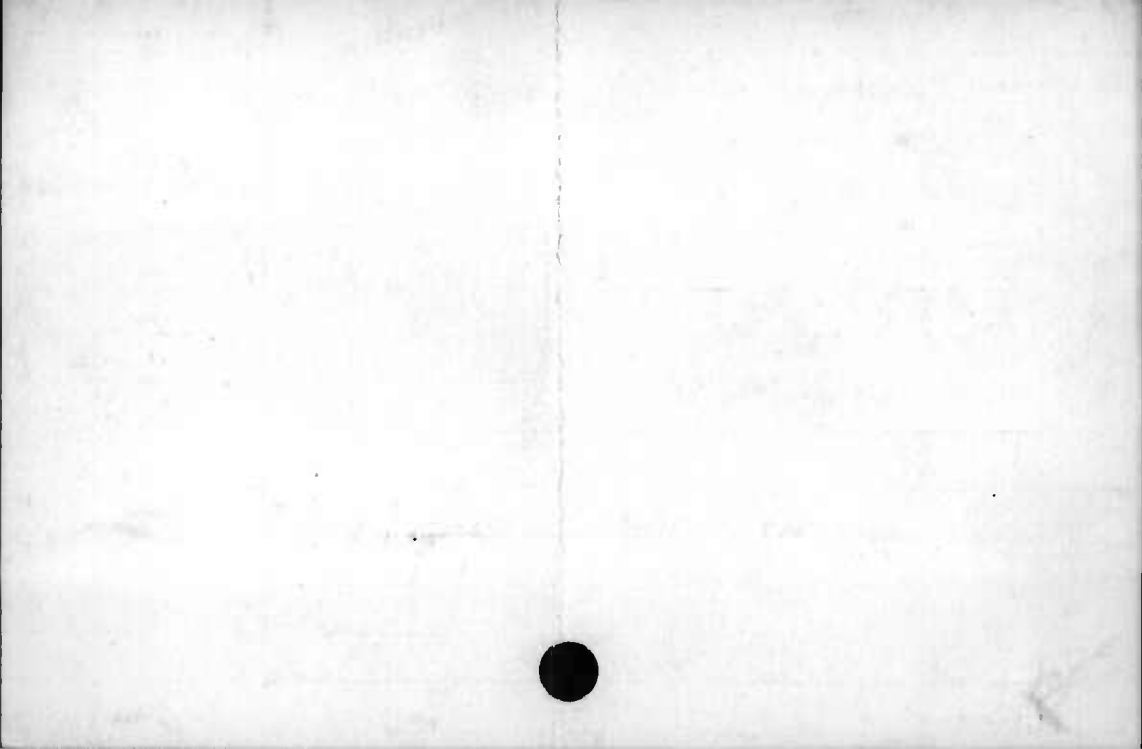
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ravlandale</i>		County <i>lanc</i>		MARYLAND	
Date of death	1906	Month	11	Day	25
				Age	47
				Months	9
				Days	24
Sex	<i>female</i>		Color or Race	<i>white</i>	
Occupation	<i>House wife</i>		Birth-place	<i>Chester Co Pa</i>	
			Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Barclay E Riley</i>	
Father's Name	<i>James R Taylor</i>		Father's Birthplace	<i>Chadds Pa</i>	
Mother's Maiden Name	<i>Susan J Spencer</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving information	<i>Barclay E Riley</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Migraine, Chewing</i>	How long	<i>14</i>
Immediate		How long	<i>one year.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W.B. Jordan M.D.</i>
		Address	<i>Liberty Grover</i>
			<i>Cecil Co. Md.</i>
Accident or Suicide?			



Name
in
Full

Lilly M. Meares

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North East</i>		County <i>Lucas</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Mar</i>	Day <i>24</i>	Age <i>82</i>	Years <i>hours</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>North East Md</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Lilly M. Jewell</i>			
Father's Name <i>Guy M. Meares</i>		Father's Birthplace <i>Lucas Co</i>			
Mother's Maiden Name <i>Lilly M. Jewell</i>		Mother's Birthplace <i>Lucas Co</i>			
Name of person giving information <i>Lilly M. Meares</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Infection of the umbilical cord</i>		How long
Immediate	<i>Hemorrhage</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D L Gifford</i>	Address <i>Zutter Md</i>
Accident or Suicide?			

^c
Union

Name
in
Full

Alexander Hilson

26/

65th
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

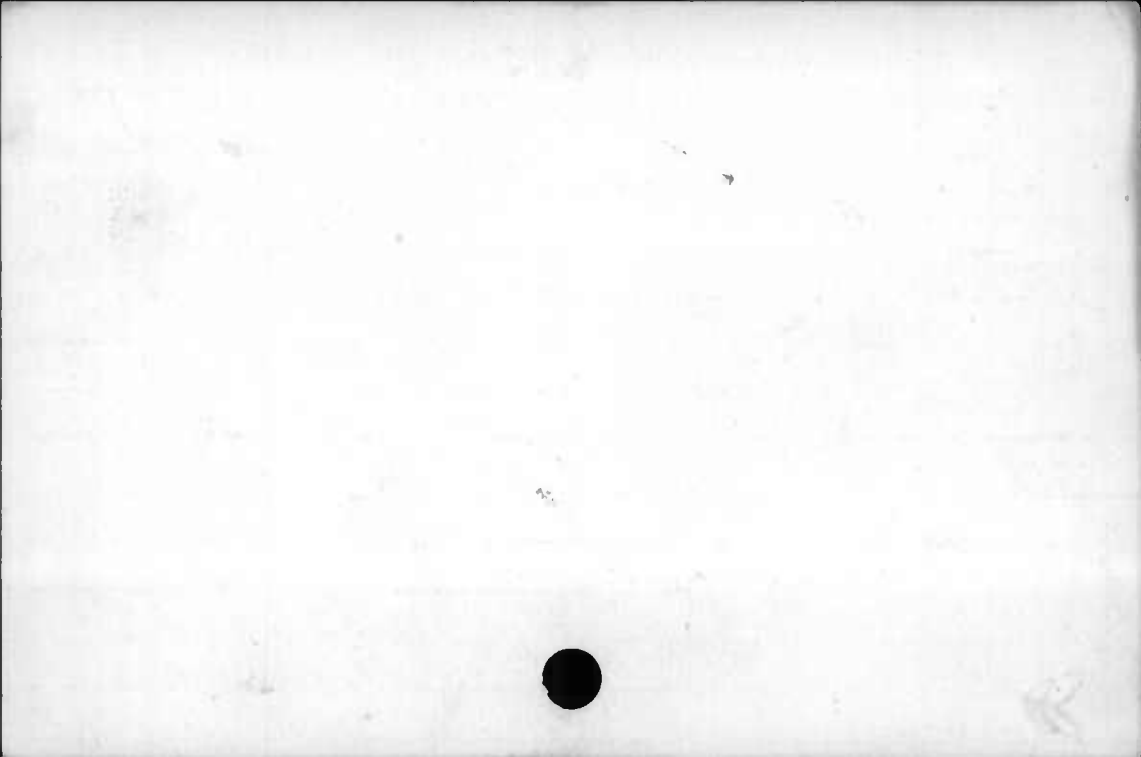
Died at		Town Colera		County Beech		MARYLAND	
Date of death	1906	Month Nov	Day 14	Age 78	Years	Months 2	Days
Sex	Male		Color or Race	White		Birth- place	Scotland
Occupation	Retired			Where Residing If not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Margaret Hilson			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	J. H. Hilson					How related to deceased	Son

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralytic apoplexy	How long	60 hours
Immediate	apoplexy	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. B. Simpson	
Address		Rising Sun, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Norman B. Hoollyhaw* Town *Cecil* CountyDate of death *1906* Month *11* Day *7* Age *7* Years Months DaysSex *Male* Color or Race *White* Birth-place *Cecil Co. Md.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband _____

Father's Name *Wm B Hoollyhaw*Father's Birthplace *Cecil Co.*Mother's Maiden Name *Annie B. Anderson*Mother's Birthplace *Cecil Co.*Name of person giving information *Wm B Hoollyhaw*How related to deceased *Father*

CAUSES OF DEATH

Primary

How long *105*

Immediate

How long *one month.*Are the name, age, sex, color, date and place correctly given above? *y*Signature of Physician *Wm Black*Address *Cecil Co. Md.*

Accident or Suicide?

